

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty LCM-604-706

Dkt.

C# M#

HARBIGE et al

TC/A.U.

1617

Serial No. 10/756,761

Examiner: Kantamneni, Shobha

Filed: January 14, 2004

Date: July 13, 2007

Title: TREATMENT OF NEURODEGENERATIVE CONDITIONS



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.**

Fees are attached as calculated below:

Total effective claims after amendment	15	minus highest number			
previously paid for	20	(at least 20) =	0	x \$50.00	\$0.00 (1202)/\$0.00 (2202) \$ 0.00

Independent claims after amendment	1	minus highest number			
previously paid for	3	(at least 3) =	0	x \$200.00	\$0.00 (1201)/\$0.00 (2201) \$ 0.00

If proper multiple dependent claims now added for first time, (ignore improper); add					
					\$360.00 (1203)/\$180.00 (2203) \$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this					
paper and attachment(s)					
					One Month Extension \$120.00 (1251)/\$60.00 (2251)
					Two Month Extensions \$450.00 (1252)/\$225.00 (2252)
					Three Month Extensions \$1020.00 (1253)/\$510.00 (2253)
					Four Month Extensions \$1590.00 (1254)/\$795.00 (2254)
					Five Month Extensions \$2160.00 (1255)/\$1080.00 (2255) \$ 0.00

Terminal disclaimer enclosed, add					\$130.00 (1814)/ \$65.00 (2814) \$ 0.00
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☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee					\$180.00 (1806) \$ 0.00
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Assignment Recording Fee					\$40.00 (8021) \$ 0.00
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Other:					\$ 0.00
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TOTAL FEE \$ 0.00

☐ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

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NIXON & VANDERHYE P.C.

By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: _____



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

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Atty. Ref.: 604-706; Confirmation No. 1504

Appl. No. 10/756,761

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For: TREATMENT OF NEURODEGENERATIVE CONDITIONS

* * * * *

July 13, 2007

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE TO RESTRICTION REQUIREMENT

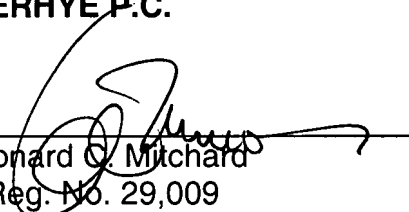
In response to the Official Action of June 13, 2007, and the requirement for restriction presented in it, applicants elect the subject matter of Group II, that is claims 1-2 (in part), 3 and 6-15 (in part), directed to a method of treating a patient for multiple sclerosis comprising administering a therapeutically effective dose of a compound of formula I, wherein X^1 , X^2 , and X^3 being nitrogen.

An examination on the merits is awaited.

Respectfully submitted,

NIXON & VANDERHYE P.C.

By: _____


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